

PERSONAL DATA SHEET

Currently on Supervision: ☐ Yes ☐ No Previously on Supervision: ☐ Yes ☐ No Where: _____

Last Name	First Name	Middle	Suffix (Sr, Jr, II, III)
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Mailing Address	(Apt #)	City	State	Zip Code
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Physical Address (if different)	City	State	Zip Code
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Home Phone	Cell Phone	E-Mail Address
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References:

1. _____	Name	Relationship
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Address	City	State	Zip Code	Phone
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2. _____	Name	Relationship
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Address	City	State	Zip Code	Phone
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3. _____	(Name of nearest relative not residing with you)	Relationship
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Address	City	State	Zip Code	Phone
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Employment:

☐ Full Time ☐ Part Time ☐ Seasonal ☐ Student, Retired, Homemaker, Disabled ☐ Unemployed

Employer	Start and End Dates	Employer Phone Number
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Address	City	State	Zip Code
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Wages	Position	Supervisor's Name	Is your employer (Y or N) aware of this supervision?
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Personal Information:

Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth: _____ Month Day Year	HS Diploma or GED <input type="checkbox"/> Yes <input type="checkbox"/> No
Hair:	Race: <input type="checkbox"/> African American <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> American Indian <input type="checkbox"/> Caucasian <input type="checkbox"/> Other: _____	Highest Grade Completed: (Including those with a GED)
Eyes:	Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non- Hispanic	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced
Height:	Citizenship: <input type="checkbox"/> US <input type="checkbox"/> Mexico <input type="checkbox"/> Resident Alien <input type="checkbox"/> Other: _____	# of Children under 18:
Weight:	Place of Birth: _____ State Country	Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____

Social Security Number	DL # & State	DL Expiration Date
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Auto:

Make:	Model:	Body:	Color:
Year:	License Plate #:	State:	

Scars/Marks/Tattoos: